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mation unless it contains a valid OMB control number Complete if Known Substitute for form 1449/PTO Application Number 10/567,662 INFORMATION DISCLOSURE Filing Date February 8, 2006 STATEMENT BY APPLICANT Amnon Yacoby et al. First Named Inventor Art Unit 2144 (Use as many sheets as necessary) S. B. Christensen Examiner Name S. Sheet 1 2 Attorney Docket Number

	U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
	No.1	Number-Kind Code ² (if known)	MM-DD-YYYY	Applicant of Cited Document			
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(Use as many sheets as necessary)				Art Unit	2144	
				Examiner Name	S. B. Christensen	
heet	2	of	2	Attorney Docket Number		

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2
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